Complete Summary

TITLE

Weight assessment and counseling for nutrition and physical activity for children and adolescents: percentage of members 2 to 17 years of age who had an outpatient visit with PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members 2 to 17 years of age who had an outpatient visit with primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

RATIONALE

One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians. In addition to the growing prevalence of obesity in children and adolescents, overweight children at risk of becoming obese are also of great concern. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese as adults. For example, one study found that approximately 80 percent of children who were overweight at age 10 to 15 years were obese adults at age 25. Another study found that 25 percent of obese adults were overweight as children; it also found that if overweight begins before 8 years of age, obesity in adulthood is likely to be more severe.

Screening for overweight or obesity begins in the provider's office with the calculation of body mass index (BMI). Providers can estimate a child's BMI percentile for age and gender by plotting the calculated value of BMI with growth curves published and distributed by CDC. BMI is also a useful screening tool for assessing and tracking the degree of obesity among adolescents. Medical evaluations should include investigation into possible endogenous causes of obesity that may be amenable to treatment, and identification of any obesity-related health complications.

Because BMI norms for youth vary with age and gender, BMI percentiles rather than absolute BMI must be determined. The cut-off values to define the heaviest children are the 85th and 95th percentiles. In adolescence, as maturity is approached, the 85th percentile roughly approximates a BMI of 25, which is the cut-off for overweight in adults. The 95th percentile roughly approximates a BMI of 30 in the adolescent near maturity, which is the cut-off for obesity in adults. The cut-off recommended by an expert committee to define overweight (BMI greater than or equal to 95th percentile) is a conservative choice designed to minimize the risk of misclassifying non-obese children.

About two-thirds of young people in grades 9-12 do not engage in recommended levels of physical activity. Daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005. In the past 30 years, the prevalence of overweight and obesity has increased sharply for children. Among young people, the prevalence of overweight increased from 5.0 percent to 13.9 percent for those aged 2 to 5 years; from 6.5 percent to 18.8 percent for those aged 6 to 11 years; and from 5.0 percent to 17.4 percent for those aged 12 to 19 years. In 2000 the estimated total cost of obesity in the U.S. was about $11.7 billion. Promoting regular exercise activity and healthy eating, as well as creating an environment that supports these behaviors, is essential to addressing the problem.

PRIMARY CLINICAL COMPONENT

Body mass index (BMI) percentile; nutrition counseling; physical activity counseling

DENOMINATOR DESCRIPTION

Enrolled members 3 to 17 years of age as of December 31 of the measurement year who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) during the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

- Body mass index (BMI) percentile during the measurement year
- Counseling for nutrition during the measurement year
- Counseling for physical activity during the measurement year

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Ages 2 to 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Health plan members age 3 through 17 as of December 31 of the measurement year and who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year (commercial) or no more than a one-month gap in coverage during each year of continuous enrollment (Medicaid)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Enrolled members 3 to 17 years of age as of December 31 of the measurement year who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) during the measurement year. Refer to Table WCC-A in the original measure documentation for codes to identify outpatient visits.

Exclusions
Exclude members who have a diagnosis of pregnancy during the measurement year. Refer to Table WCC-C in the original measure documentation for codes to identify exclusions.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

- Body mass index (BMI) percentile during the measurement year
- Counseling for nutrition during the measurement year
- Counseling for physical activity during the measurement year

Services may be rendered on the occasion of visits other than well-child visits. These services count if the specified documentation is present, regardless of the primary intent of the visit.

Refer to Table WCC-B in the original measure documentation for codes to identify BMI percentile, counseling for nutrition and counseling for physical activity.

Exclusions
The following do not count as numerator compliant:

BMI

- BMI or BMI percentile noted prior to or after the measurement year

Nutrition and Diet

- Counseling/education prior to or after the measurement year

Physical Activity

- Counseling/education prior to or after the measurement year

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

The measure reports two age stratifications and a total rate:

- 3 to 11 years
- 12 to 17 years
- Total

This measure requires that separate rates be reported for Medicaid and commercial product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC).

MEASURE COLLECTION

HEDIS® 2010: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Prevention and Screening

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Jul

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated by ECRI Institute on January 15, 2010.

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